

EMPOWERUN 5K

DONATION FORM

PLEASE INDICATE YOUR LEVEL OF SUPPORT

FEDERAL TAX ID #: 56-6000295

Business: _____

Contact Name: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____

Date: _____

SPONSORSHIP

- | | |
|---|---------------|
| <input type="checkbox"/> Presenting Sponsor | \$2,500 |
| <input type="checkbox"/> Gold Sponsor | \$1,000 |
| <input type="checkbox"/> Silver Sponsor | \$500 |
| <input type="checkbox"/> Bronze Sponsor | \$250 |
| <input type="checkbox"/> Friend Sponsor | \$100 or less |

IN-KIND DONATION

- ☐ I will contribute with an in-kind donation of the following _____
_____ with a value of \$ _____

(In-Kind Donations include: Old/Used Cell Phones, Gas and Food Gift Cards, Food/Drinks for 5K, or Services)

PAYMENT INFORMATION

Please make checks payable to **DDVS & RCC**

Davie Domestic Violence Services & Rape Crisis Center

123 South Main Street – 3rd Floor

Mocksville, NC 27028

Phone: (336) 751-3450 Fax: (336) 751-3451

